IMA-EURO Direct Report Garrison Validation Checklist
Human Resources Army Substance Abuse Program (ASAP)

Date: Location: Overall Rating:

	Functional Area	Finding	Recommendation	Anticipated Get Well Date	Comments
1.0	**Customer and Market Knowledge**				
1.1	Has the ASAP identified its key target groups (lists) in its Biochemical Testing SOPs? List updated annually? Identified but list not updated?				
1.2	Has the ASAP Prevention Education Program identified its key target groups?				
1.3	Has the ASAP identified its key target groups (lists) in its Civilian Program?				
1.4	Has the ASAP completed a needs assessment for the following in the past 2 years, 3 years?				
	- Commanders?				
	- Soldiers?				
	- Family members?				
	- Provost Marshal?				
	- Safety personnel?				
	- SJA?				
1.5	Does the ASAP use customer comment cards to capture customer feedback? Are they acted upon promptly?				
1.6	Does the ASAP use the Interactive Customer Evaluation (ICE) card to enhance customer service?				
1.7	Does the ASAP have a sign posted outside of its building?				
1.8	Are ASAP telephone numbers, location, and hours of operation published?				
2.0	**Information and Analysis**				
2.1	Does the ASAP Staff complete written after action reports?				
	- Red Ribbon Campaign?				
	- Summer Safety Campaign?				
	- Drunk and Drugged Driving Campaign?				
2.2	How often does the ASAP Prevention Coordinator communicate with its local community through:				
	- Television/Radio?				
	- Newsletters/Published Articles/ASAP developed installation unique pamphlets?				
3.0	**Process Management**				
3.1	Are the following SOP's in place? Are they reviewed annually?				

	- Administrative Procedures?				
	- Education/Prevention Program?				
	- Drug Testing Program?				
	- Alcohol Testing Program?				
	- Civilian Testing Program?				
	- Employee Testing Program?				
	- Key Control?				
	- Safety?				
	- Bomb Threat?				
	- HAZMAT?				
3.2	Does ASAP have the following command policies in place? Are they reviewed annually?				
	- Command Support Memorandum				
	- Employee Assistance Program Support Memorandum				
	- Up to date set of regulations and policies?				
3.3	Suspense Actions: Met 95%? 85%?				
3.4	Does the PC have completed lesson plans for the following areas? Are they current?				
3.5	Does ASAP meet its external suspense dates?				
	- Newcomers Briefing?				
	- Commanders Training?				
	- Supervisor's Training?				
	- UPL Training?				
	- ADAPT?				
	- Alcohol Awareness?				
	- Other Drug Awareness?				
	- Stress Management?				
3.6	Does the Prevention Coordinator (PC) have a tracking system that summarizes unit classes/preventions? How often is it updated?				
3.7	Are PC class participants provided class critiques/reviews? How quickly?				
3.8	Did ASAP meet performance standards/expectations during the current/past FY?				
	- Commander Consultation				
	- Soldier Education				
	- Civilian Supervisor Education				
	- Civilian Employee Education				
	- Soldier DUI Rate				
	- Soldier Testing Rate				
	- Rehab Testing Drug Clients				
	- Urinalysis Quota used				
	- Rejection Rate – Military				
	- Rejection Rate – Civilian				
	- Civilian Testing – TDP Pool				

	- Repeated Incidents Treated Clients				
	- DUI Treatment Evaluation				
	- Background Checks				
3.9	Did the ASAP introduce new initiatives or services during the past year? How many?				
3.10	Does the ASAP have a flow chart or template diagram for the following processes: Are they reviewed annually?				
	- Urine Testing – Soldiers?				
	- TDP Testing – civilians?				
	- Breathe analysis testing?				
	- Background Check protocol?				
3.12	Does the ASAP have an Installation Prevention Plan?				
3.13	Do members of the installation community participate in preparing the prevention plan? How many other agencies?				
3.14	Does the ASAP staff provide assistance inspection visits to unit commanders? What percentage?				
4.0	**Training**				
4.1	Have employees received annual training in EEO?				
4.2	Have employees received annual training in Sexual Harassment?				
4.3	Have employees received annual training in Sexual Assault?				
4.4	Have employees received annual training in Safety?				
5.0	**Improving Organization Performance**				
5.1	Do leaders identify priorities for data collection?				
5.2	Does the organization consider collecting data in the following areas:				
	Staff opinions and needs?				
	Staff perceptions of risks to individuals and suggestions for improving client safety?				
	Staff willingness to report unanticipated adverse events?				
	Outcomes of care, treatment and services?				
5.3	Does the organization collect data on the perceptions of care, treatment, and services of clients including their specific needs and expectations; how well the organization meets these needs and expectations; and how the organization can improve client safety?				
5.4	Is information developed from risk management activities integrated into the organization's performance improvement initiatives?				

5.5	Do the leaders have the responsibility to collect and use data to monitor the agency's performance?				
5.6	Does the organization aggregate data at the frequency appropriate to the activity or process being studied?				
5.7	Does the organization analyze topics chosen by leaders as performance improvement priorities?				
5.8	Does the organization analyze any hazardous conditions?				
5.9	Does the organization implement processes for identifying and managing sentinel events?				
5.10	Does the organization use the information from data analysis to identify and implement changes that will improve the quality of care, treatment and services?				
5.11	Does the organization evaluate changes to ensure they achieve the expected results?				
5.12	Does the organization take appropriate actions when planned improvements are not achieved or sustained?				
6.0	**Surveillance, Prevention, and Control of Infection**				
6.1	Does the program have an infection control program to reduce the risks of infections?				
6.2	Is the program based on good practices for surveillance and prevention of adverse outcomes related to infection?				
6.3	Does the organization implement prevention practices?				
6.4	Does the organization implement processes to identify infections?				
6.5	Does the organization have processes in place for reporting infections to the proper clinical and administrative staff, including the qualified staff member responsible for managing the infection control program as required by organization policies and procedures?				
7.0	**Provision of Care, Treatment and Services**				
7.1	Does the initial screening process determine the need for immediate intervention to protect the client or others?				
7.2	Is each soldier, civilian or family member screened within the time frame specified by the client's needs, organizational policy and Army Regulations?				
7.3	Is each individual reassessed as needed?				
7.4	Is staff educated about abuse, neglect, or exploitation and how to refer as appropriate?				
8.0	**ASAP Clinical Director**				

8.1	Is the Clinical Director administering and managing the treatment and quality assurance functions of the ASAP in accordance with AR-600-85?				
8.2	Does the ASAP clinical program and the physical facility meet the MTF accrediting standards in accordance with DODD 6025.13?				
8.3	Does the ASAP Clinical Director provide quarterly reports, clinical data (ex: referral, evaluation completion rates, number of enrolments by alcohol and drug, and number of success/failures) to the installation ADCO?				
8.4	Does the ASAP Clinical Director inform the ADCO of issues affecting the ASAP program?				
8.5	Does the ASAP Clinical Director ensure ASAP screening, evaluations and Command consultations are performed as required?				
8.6	Does the ASAP Clinical Director ensure forms are completed and submitted to ACSAP in a timely manner?				
8.7	Does the Clinical Director conduct in-service training, supervise the ASAP counselors and ensure the counselors maintain privileges to perform their assigned clinical responsibilities?				
9.0	**Management of Human Resources**				
9.1	Do appropriately trained and qualified substance abuse counselors provide services to meet the needs of patients and they are sufficient in number to ensure reasonable and prompt access by clients to counseling?				
9.2	As appropriate, is each staff member oriented to organizationwide policies and procedures (including safety and infection control) and relevant unit, setting, or program-specific policies and procedures?				
9.3	Are position descriptions current, accurate and reviewed annually?				
9.4	Are employees cross trained to perform other tasks?				
9.5	Are alternate IBTC's appointed in writing and certified by ACSAP?				
9.6	Does the ASAP have an EAP who is appointed in writing and is a certified EAP?				
9.7	Are individual development plans (IDP's) developed for staff members?				
9.8	Are IDP's supported by funding?				
10.0	**Deployment/Re-Deployment (Contingency Operations)**				
10.1	Are coordination's made with deploying units **IAW Garrison Policy?**				

10.2	Does the PPPO have the updated Deployment of Service and are all amendments attached? (**Garrison Policy**)?				

Inspector's Name, Signature, Position, Grade:

Black font denotes substantive actions to be taken by IMCOM-EURO HQ.
Blue font denotes procedural checks to be performed by IMCOM-EURO HQ